

Medi-Cal Program Guide Special Notice 08-16

September 23, 2008

Subject	RE-EVALUATIONS OF COUNTY MEDICAL SERVICES (CMS) CASES AT THE INTERIM MAINTENANCE NEED LEVEL FOR OCTOBER 01, 2007.
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Effective Date	Upon Receipt
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Reference	County Policy
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Purpose	The purpose of this letter is to provide staff with instructions in re-evaluating September 2007 CMS applications denied for the sole reason of excess income.
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Background	The court order signed October 01, 2007 ordered the County of San Diego to temporarily increase the CMS Maintenance Need Level (MNL) to 250% of the Federal Poverty Level (FPL). Medi-Cal Special Notice 07-08 advised staff of the interim FPL's and the effective dates.
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Changes	The County of San Diego's CMS program was recently instructed by County Counsel to re-evaluate September 2007 applications denied for the sole reason of excess income under the Interim MNL increase of October 01, 2007.
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Required Actions	<ol style="list-style-type: none">1. Workers must re-evaluate applications on the list provided who:<ol style="list-style-type: none">A. Were denied CMS for the sole reason of excess income.<ul style="list-style-type: none">• If the income is over the 250% FPL as listed in Medi-Cal Special Notice 07-08, no re-evaluation is required. The excess income denial remains valid.• If the case was denied for reasons in addition to excess income, no re-evaluation is required. The other denial reason(s) remain valid.
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Required Actions *continued*

- B. Had the denial action taken in October or November.
- Workers must review the physical case to determine when the denial action was taken. If a denial action was taken in September 2007, December 2007, or later, then no re-evaluation is necessary. The excess income denial remains valid. If the case was denied in October 2007 or November 2007 and the income did not exceed 250% FPL, rescind the denial and approve the application, unless additional verification/documentation is needed
2. If additional verification/documentation is needed, workers shall request the documentation from applicants in writing and give them 10 days to provide.

Note: Citizenship, liens, hardship applications, or reimbursement agreements are not required.

250% FPL effective October 2007

CFBU Size	250% FPL
1	\$2,128
2	\$2,853
3	\$3,578
4	\$4,303
5	\$5,028
6	\$5,753
7	\$6,478
8	\$7,203
9	\$7,928
10	\$8,653
Add for additional members:	\$725

Certification Periods

These cases are to be certified from application date to January 31, 2008.

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Automation Impact	Cases will not be entered into the CMS IT System, but workers must complete a Registration Information form (CMS-4) to inform AmeriChoice of the approval.
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Forms Impact	Workers will use Notice of Action Re-evaluation Eligibility Determination, CMS-39R to inform the applicant that their previous denial was re-evaluated and they are now approved. If additional verifications/documentation is needed, the worker will request the additional verifications using the CMS-16R Request for Verifications Re-evaluation form.
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Quality Assurance Impact	None
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Appeals Impact	None
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Manager Approval	<p>ORIGINAL SIGNED BY:</p> <p>DANN CRAWFORD, ASSISTANT DEPUTY DIRECTOR Medi-Cal, CMS, General Relief and CAPI Program Administration Strategic Planning and Operational Support Division</p>
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